BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/051925

		01 4440 55	L	-(,							
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			49 minus 20=		* 240			X\$ 9=		OR	X\$18=	468.
INDEPENDENT CLAIMS			g mi	nus 3 =	* 4			X42=		OR	X84=	330.
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	L	TOTAL		OR	TOTAL	1544
CLAIMS AS AMENDED - PART II									,		OTHER	
(Column 1)			(Column 2 HIGHEST			(Column 3)		SMALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	TCLAIM		¹	+140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT. FEE	
•		(Column 1)		ADDIT. FEE			ADDII. FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA	$\Big]\Big[$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	=	Д Î	X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		_										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=-]	X42=		i	X84=	
┖	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM]	7(12-		OR	1.0	
				. 6	40P 1	disease O		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		imber Previously F nber Previously Pa						and in the ap	propriate bo	x in co	olumn 1.	